

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/936152		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1				51		
2		1		1			52		
3		2		2			53		
4		2		1			54		
5		1		1			55		
6		1		1			56		
7		1		1			57		
8		1		1			58		
9		1		1			59		
10		1		1			60		
11		1		1			61		
12		1		1			62		
13		1		1			63		
14		1		1			64		
15	1						65		
16							66		
17							67		
18							68		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	2		1				TOTAL IND.		
TOTAL DEP.	15		12				TOTAL DEP.		
TOTAL CLAIMS	17		13				TOTAL CLAIMS		